**What measures are being taken to ensure the saftey of students with food allergies?**

**Annotated Bibliographies**

**Reed Grabowski**

Blad, E. (2014). Schools Brace for Start Of 'Smart Snack' Rules. *Education Week*, 33(35), 1-21. Print.

In this article, Baumgart along with a few other authors create advice to minimize anaphylactic reactions caused by food allergies in a school setting. They discuss the four specific steps to prevent the anaphylactic reactions in schools with student age in mind. The first step is to obtain the medical information of all students attending the school. Most importantly this medical information should contain a list of allergies, triggers, and treatments for the students. The second step is to educate those that are responsible for the students during the school day. This includes all steps of the students allergy such as what is an anaphylactic reaction, what triggers it for that student, how can it be treated, how can it be prevented, how to recognize anaphylactic reaction, and how to use an epi-pen. The authors enforce how these few topics should be enforced before each school year and be provided by professionals, nurses, doctors, or those who are qualified first aid trainers. The third step then discusses the practical strategies to avoid the exposure of these known allergy triggers. As a general rule it is recommended that children in schools should not be physically isolated from other students during lunchtime or snack time because of an allergy. All actions taken depend on the institute itself and the severity of the child's allergy. The forth step discusses the age-appropriate education of children with the food allergies. As the children mature they should be able to know how to prevent anaphylactic reaction from happening in a public setting and if it does occur they should be able to know how to treat it.

As a student with food allergies I found these four steps very crucial to an anaphylactic allergy. Although I do believe that the third step where it is the institution's policy to help the student prevent it, it is very hard for one to do that especially in a cafeteria setting. In this case this is why I believe step four becomes very important, the student should know how to help prevent the reaction and not just put all of the responsibility on the institution itself. I also believe that it is very helpful that the professional staff responsible for the student during the school day should know how to help you in the event of an anaphylactic reaction. Overall I believe this article was very positive and informative information for those who are not as educated about food allergies in the public school setting

Flanigan, R.L. (2006). The Allergy Factor. *American School Board Journal, 193(6),* 20-23. Print.

In this article, Flanigan discusses the importance of spreading awareness of food allergies throughout schools. It is growing more and more apparent that food allergies are becoming more common in school age children. With the growing number of kids with these allergies it is apparent that we find a way to limit and control the number of reactions. These efforts must be made in school districts across the nation.

Efforts are being made to address an increase in allergies among students. School districts are monitoring food offerings and are implementing policies such as peanut-free cafeterias. In addition, states are considering and developing guidelines for managing food allergies at school.

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Hoff, D. L., & Mitchell, S. N. (2010). A Peanuty Dilemma. Phi Delta Kappan, 91(7), 59-63. Print.

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Obeng, C., & Vandergriff, A. (2008). EXPERIENCES OF PARENTS OF PRE-K TO GRADE FOUR CHILDREN WITH FOOD ALLERGIES. *INTERNATIONAL JOURNAL OF SPECIAL EDUCATION*, 23(3), 124-128. doi:Indiana University. Print.

From the data, several interesting findings transpired from parents’ narratives which warrant mention. First, although some of the parents were somehow at peace to know the specific cause of their child’s problem when their child was diagnosed with a specific allergy. However, they were surprised about the number of foods that contained the things that their children were allergic to and the limited options the children had in eating at school. Although participants attested to the fact that the information they received from their allergy doctors and their primary care physicians was helpful to them, some participants still described their situation as living in fear. The research participants’ description of their situation as living in fear is also articulated in the work of (Couzin, 2007). The above description stemmed from the fact that parents were not sure when their children’s health would be in a danger in case the child got in contact with things they were allergic to at school. Furthermore, the parents talked about the sacrifices that they had to make in order to prevent their children from getting in touch with things that could trigger their allergies. Participants’ narratives attested to the fact that some attended field trips and other school events with their child to ensure the safety of the children. An observation of the parents’ narratives also points to the fact that half of the children had nuts allergies. It was therefore not surprising that some parents were happy with schools where peanut in particular and nuts in general were not served at the schools’ premises. Such parents advocated for schools to take peanut off from their menu since its presence on the menu constituted a death trap for children with peanut allergies. Some participants suggested that school systems that had adopted the no-peanut policy (with respect to meals served in the schools) helped their children to stay healthy in the school environment. They concluded that if all school districts would adopt a no-peanut or no nut products policy, this would ease their anxieties during school hours.

I found it interesting that this study chose to investigate the parents of children who have food allergies. This study gave a different perspective than we are used to seeing and showed how much the parents and guardians really know about what goes on inside of the school. This study examined are the management strategies that help the parents to deal with their unique situations in and out of the school environment. It showed how differently schools across the county deal with this issue. In some schools they did a poor job of regulating food allergies. For example two parents of who each have a child with peanut allergies had very different experiences. One child would “come home with his eyes almost read.” Prior to attending a school in which had adopted a no-peanut policy. Another child went to a school system that had already adopted a no peanut policy in their kitchen so school lunches would not contain any peanuts or nut products. However children were able to bring their own peanut butter sandwich or crackers to school in their lunch box. However in most schools like the ones I attended provide peanut butter and jelly sandwiches daily. Therefore they can’t guarantee that the tables would not have peanut butter smudge on the tables. So, they make one table in the cafeteria peanut free and no one can sit there with peanut butter or peanuts of any kind. However on field trips or have short days the menus usually consist of peanut butter sandwiches and either eat in the classroom or on a bus. This makes it difficult to avoid having a reaction.

Sifferlin, A. (2014). Why More Schools Should Stock Emergency EpiPens. *Time.Com*, N.PAG. Print.

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